

Check A Box
Paragraph Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 3-876)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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43							93						
44							94						
45							95						
46													
47													
48							98						
49							99						
50							100						
TOTAL IND.			15				TOTAL IND.						
TOTAL DEP.			22				TOTAL DEP.						
TOTAL CLAIMS			37				TOTAL CLAIMS						